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## GUARDIANSHIP PLANNING QUESTIONNAIRE

**PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE TO THE BEST OF YOUR ABILITIES.**

In Guardianships, many facts must be presented to the court. We will review this information at our meeting. The legal term for the person for whom you are requesting a Guardian is **Alleged Incapacitated Person (AIP)**.

**DO NOT BE UPSET IF YOU CANNOT COMPLETE ALL OF THE QUESTIONS.**

<b>PERSONAL INFORMATION</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>
(AIP): Last _____ First _____ M.I. _____	_____	_____
Address: Street _____	Town _____	State & Zip Code _____
Telephone: Home _____	Fax _____	
Military Service: _____	Name of anyone residing with AIP: _____	
Citizenship: _____	AIP	
<b>Petitioner/ Guardian:</b>	<b>Relationship</b>	
Last _____ First _____ M.I. _____	_____	
Address: Street _____	Town _____	State & Zip Code _____
Telephone: Home and Business _____	Fax _____	Email _____
Citizenship: _____		
<b>Co/Standby Guardian</b>	<b>Relationship</b>	
Last _____ First _____ M.I. _____	_____	
Address: Street _____	Town _____	State & Zip Code _____
Telephone: Home and Business _____	Fax _____	Email _____
Citizenship: _____		

**Note:** Also, please bring the following Documents to our meeting, if available and applicable: (a) Will(s), (b) Power(s) of Attorney, (c) deed to residence and real properties with tax bills, (d) last two years tax returns, tax bill (e) life and health insurance policies, (f) all existing Guardianship documents, if applicable, and (g) any other documents or information you deem relevant.

Vincent J. Russo & Associates, P.C. Use Only (March 2008) Matter No.: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ANSWER QUESTIONS 1-7 FOR ALL PROPOSED GUARDIANS AND STANDBY:**

**GUARDIANS. The Court will require information regarding the proposed guardian/co-guardians and standby guardian, this information helps the Court to determine if the Court will appoint the proposed guardian.**

1. What do you do for a living? (If retired, what did you do prior to retiring?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How long have you been employed by your current employer (or your last employer before retirement)?  
\_\_\_\_\_
3. Are you current on filing your income tax returns? \_\_\_\_\_
4. Why have you decided to file a petition for guardianship? \_\_\_\_\_  
\_\_\_\_\_
5. Is there any reason to believe that you may not be able to procure a Court ordered Bond?  
\_\_\_\_\_
6. Have you ever served as guardian before? \_\_\_\_\_
7. Are you currently serving as guardian to anyone? \_\_\_\_\_

**Please Answer The Following Questions Regarding the Alleged Incapacitated Person (AIP)**

1. Physician: \_\_\_\_\_  
Specialty, if any: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_
2. Psychologist: \_\_\_\_\_  
Specialty, if any: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

3. Diagnoses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Disability/Infirmity (explain if possible): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the AIP's Memory: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe any actions that you feel demonstrate the need for a Guardian, or the AIP's inability to understand and appreciate his or her circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Which type of care is the AIP currently receiving (check all that apply)?

Day Care: \_\_\_\_\_ Home Care: \_\_\_\_\_ Nursing Home: \_\_\_\_\_  
Custodial Care: \_\_\_\_\_ Skilled Care: \_\_\_\_\_

8. If applicable, the name and address of the Hospital/Facility in which the AIP is residing: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Admittance: \_\_\_\_\_

Name of the Director/Administrator: \_\_\_\_\_

9. If applicable, which type of care is the AIP likely to receive upon discharge (check all apply)?

Day Care: \_\_\_\_\_ Home Care: \_\_\_\_\_ Nursing Home: \_\_\_\_\_

Custodial Care: \_\_\_\_\_ Skilled Care: \_\_\_\_\_

a. # Hours of Care Per Day: \_\_\_\_\_

10. How is the AIP's care paid for at this time (i.e., private pay, insurance, Medicare)?

11. Describe the Extent of Care Given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Has there been a Judicial Declaration of Incompetency/Incapacity: Yes \_\_\_\_\_ No \_\_\_\_\_

Court: \_\_\_\_\_

County: \_\_\_\_\_

Judge: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach copy of decision.

Named Guardian/Conservator/Committee: \_\_\_\_\_

13. Restrictions on Activities of Daily Living:  
(check the descriptions that apply)

- |  |  |  |
|--|--|--|
| Eating   | <input type="checkbox"/> soft food/puree diet<br><input type="checkbox"/> By Hand      | <input type="checkbox"/> Nasogastric tube<br><input type="checkbox"/> PEG                  |
| Mobility                                       | <input type="checkbox"/> cane<br><input type="checkbox"/> walker                       | <input type="checkbox"/> wheelchair<br><input type="checkbox"/> bedridden/limited movement |
| Transferring (moving in/out of bed or a chair) |  | <input type="checkbox"/> needs assistance  |
| Bathing  | <input type="checkbox"/> physically unable<br><input type="checkbox"/> with assistance | <input type="checkbox"/> needs to be reminded  |
| Dressing                                       | <input type="checkbox"/> physically unable<br><input type="checkbox"/> with assistance | <input type="checkbox"/> needs to be reminded  |
| Grooming                                       | <input type="checkbox"/> physically unable<br><input type="checkbox"/> with assistance | <input type="checkbox"/> needs to be reminded  |
| Toileting                                      | <input type="checkbox"/> with assistance<br><input type="checkbox"/> diapers           | <input type="checkbox"/> catheter  |

Comments: \_\_\_\_\_  
\_\_\_\_\_

14. Instrumental Activities of Daily Living: (check all activities with which AIP needs assistance)

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Cleaning          |
| <input type="checkbox"/> Laundry  | <input type="checkbox"/> Managing Finances |
| <input type="checkbox"/> Cooking  |  |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Family

The AIP is  Single  Married\*  Widow/Widower  Divorced\*

\*(Date of marriage/divorce \_\_\_\_\_)

Children of present marriage (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by writing "D" and date of death next to name.) Please indicate whether any deceased child left any surviving children.

<u>Name</u>	<u>Address</u>	<u>Tele #</u>	<u>Fax #</u>	<u>Email</u>	<u>Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Husband: Children of a prior marriage to \_\_\_\_\_  
Name of former spouse (please provide copy of divorce papers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife: Children of a prior marriage to \_\_\_\_\_  
Name of former spouse (please provide copy of divorce papers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grandchildren:

<u>Name</u>	<u>Address</u>	<u>Tele #</u>	<u>Fax #</u>	<u>Email</u>	<u>Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list parents, brothers, sisters, grandparents, and others (if relevant). Please note if any of those listed are dependent on the AIP for support. (Indicate if deceased by writing "D" and date of death next to name.)

<u>Name</u>	<u>Address</u>	<u>Tel #</u>	<u>Fax #</u>	<u>Email</u>	<u>Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

16. General Information

	Yes	No
Is the AIP covered by Social Security? .....	_____	_____
If so, where is the check deposited? _____		
Is the check directly deposited by Social Security? .....	_____	_____
Does the AIP have a Will? .....	_____	_____

Date of Will? .....

Location of Original Will .....

Name of Executor and Successor Executors .....

Yes No

Does the AIP have a Durable Power of Attorney? .....

Names of Agents: .....

Does the AIP have a Health Care Proxy? .....

Names of Agents: .....

Does the AIP have a Living Will? .....

Does the AIP have a Living Trust? .....

Names of Trustees: .....

Revocable \_\_\_\_\_ Date of Trust \_\_\_\_\_

Irrevocable \_\_\_\_\_ Date of Trust \_\_\_\_\_

17. Health Care Information

Yes No

Does the AIP have Medicare Part A? \_\_\_\_\_

Does the AIP have Medicare Part B? \_\_\_\_\_

Supplemental Insurance .....

Name of Carrier: .....

Long Term Health Care Insurance .....

Name of Carrier: .....

(Please provide a copy of the Long Term Care Policy)

Does the AIP receive Medicaid Benefits? \_\_\_\_\_

Does the AIP receive Veterans Benefits? \_\_\_\_\_

Is anyone in the AIP's family disabled or receiving SSD? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_



Does the AIP have an insurance agent or any other advisors? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Has the AIP been appointed to a fiduciary status (executor, trustee, attorney-in-fact, etc.) under any legal documents? \_\_\_\_\_

If so, please describe the documents. \_\_\_\_\_

Is the AIP involved in a lawsuit? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Has the AIP made any gifts or transfer of assets for less than full consideration within the last 3 years? \_\_\_\_\_

If so, please explain. \_\_\_\_\_

\_\_\_\_\_

<u>Donor</u>	<u>Donee</u>	<u>Date Given</u>	<u>Date Return Filed</u>	<u>Value</u>

19. Income and Expenses

Please list the AIP's estimated **MONTHLY** income and expenses this year from the following sources.

**Income**

Social Security \_\_\_\_\_

Interest \_\_\_\_\_

Dividends \_\_\_\_\_

Pension Benefits \_\_\_\_\_

IRA Benefits \_\_\_\_\_

Rental Income \_\_\_\_\_

Capital Gains (Losses) \_\_\_\_\_

Other Taxable Income \_\_\_\_\_

Other Non-Taxable  
Income \_\_\_\_\_

Total Income \_\_\_\_\_

**Expenses**

Housing \_\_\_\_\_

Non-Housing \_\_\_\_\_

Health Care \_\_\_\_\_

Medigap Insurance \_\_\_\_\_

Prescription Drugs \_\_\_\_\_

Nursing Home \_\_\_\_\_

Other \_\_\_\_\_

Total Expenses \_\_\_\_\_

20. Assets and Liabilities

Instructions: Please complete the present, or last known value of the AIP's assets or liabilities.

Also please state if the asset is owned solely in the AIP's name or jointly with someone else. Where appropriate, please indicate the names of any beneficiaries to particular assets.

If an asset is owned with another person, please indicate the other person's name.

**ASSETS:**  
**Real Estate**

Owner(s)	Location	Estimated Value	Mortgage Balance	Cost Basis
_____	(a) _____	\$ _____	\$ _____	\$ _____
_____	(a) _____	\$ _____	\$ _____	\$ _____
_____	(a) _____	\$ _____	\$ _____	\$ _____

Is there a veteran's exemption on the residence?  Yes  No

Is there a senior citizen's exemption on the residence?  Yes  No

Is there a STAR exemption on the residence?  Yes  No

How much is paid each year in real estate taxes? \$ \_\_\_\_\_

Are any of the above listed properties rental?  Yes  No

If so, which property/ies? \_\_\_\_\_

**Cash, Bank Accounts, Certificates of Deposit and Savings Bonds**

(a) Cash on Hand \$ \_\_\_\_\_

(b) Checking Accounts

Owner(s)	Description (Bank and Account Number)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(c) Savings Accounts

Owner(s)	Description (Bank and Account Number)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(d) Certificates of Deposit

Owner(s)	Description (Bank, Account Number and Maturity date)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(e) Individually Held Stocks and Bonds

Owner(s)	Description (i.e., Stock, Number of Shares)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(f) Brokerage Accounts – Stocks, Bonds, Mutual Funds

Owner(s)	Description (Brokerage and Account Number) Please indicate if an account has stocks or other equities by an “(s)”, bonds by a “(b)” and Mutual Funds by an “(mf)”	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(g) Savings Bonds

Owner(s)	Description (i.e., EE, E, H Bond, and dollar amount)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Life Insurance**

<u>Owner</u>	<u>Company</u>	<u>Face Amount</u>	<u>Cash Value</u>	<u>Insured</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

**Retirement Benefits**

(a) Pension

Owner	Company	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(b) Keogh or 401(k)

Owner	Company	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(c) IRA Accounts

Owner	Company	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Mortgages, Notes and Annuities** (owned by AIP, this is different than a Mortgage debt)

Owner(s)	Company	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Tangible Personal Property**

(a) Tangible Personal Property

Owner	Location	Description	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(b) Automobiles

Owner	Make & Year	Value
_____	_____	\$ _____
_____	_____	\$ _____

(c) Safe Deposit Boxes Yes \_\_\_\_\_ No \_\_\_\_\_

Names on Box	Location (i.e., Bank)	Contents	Estimated Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Miscellaneous (i.e., Business Interests, Timber Rights, Timeshares, etc.)  
Please provide estimated values.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Liabilities:

a. Current Debts, Loans, Mortgages, Contingent Liabilities

Debtor	To Whom	Amount
_____	_____	\$ _____
_____	_____	\$ _____



## SUMMARY OF ASSET AND LIABILITY VALUES

(Please insert the total value of each asset category as set forth in the questionnaire)

(If you are unsure, please leave blank)

ASSETS	Value in AIP's Name Only	Value In Joint Names	Total
1. Real Estate			
2. Cash			
Checking			
Savings/Money Market			
Certificates of Deposit			
3. Stocks and bonds			
Individually held			
Brokerage			
Mutual Funds			
Savings Bonds			
4. Life Insurance (face value)			
5. Retirement Benefits			
Pension			
401(K)			
IRA Accounts			
6. Annuities, Mortgages and Notes			
7. Personal Property			
8. Business Interests			
9. Miscellaneous			
<b>Total Assets</b>			
LIABILITIES	In AIP's Name	In Joint Names	Total
1. Debt			
2. Mortgage Payables			
<b>Total Liabilities</b>			
<b>NET WORTH</b>			

N:\Master Questionnaires\Guardianship\draftguardianship2008

Vincent J. Russo & Associates, P.C.

Attorneys and Counselors at Law

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